

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

INCARCERATED INDIVIDUAL REFERRAL NOTICE

FACILITY MEDIA REVIEW COMMITTEE

_____CORRECTIONAL FACILITY

Date: _____

Incarcerated Individual Name: _____

Identification No.: _____

Cell Location: _____

The following publication: _____
(Title)

(Author, Date or Volume and Number)

From: (Sender's name and address): _____

has arrived at the facility addressed to you and has been referred to the Facility Media Review Committee for review. You are invited to submit a written statement in support of the admission of the publication.

Address your comments to:

Chairperson of the Facility Media Review Committee, promptly, since the committee must reach a decision usually within 10 working days of the date of this notice.